Privacy Release Form

Office of Congressman Madison Cawthorn:

I hereby authorize the staff of Office of Congressman Madison Cawthorn to contact the Internal Revenue Service (IRS) in reference to my inquiry and request information on my behalf.

The IRS is authorized to furnish you or your staff with copies of any documents or verbally discuss, using any means (including personal voice mail to which no one else has access), any matters relative to my inquiry. I am aware that the Privacy Act of 1974 and IRC 6103 prohibit the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

NAME			
ADDRESS			
CITY		STATE	_ZIP
TELEPHONE: HomeWo	rk	Fax	Cell
SOCIAL SECURITY NUMBER			
TAX YEARS	TAX FORMS		
If the inquiry relates to a business, please p	rovide the follo	wing information:	
COMPANY NAME			
EMPLOYER IDENTIFICATION NUMBI	ER		
Your relationship to the business			
Type of tax (income, employment, etc.)			
Tax year/periods		Tax Form	
Briefly explain the problem below. Atta	ich copies of a	ny relevant docur	ments.
Signature Congressional office use only: I give permission for the C		Date	

Initial:___